PTO/SB/06 (12-04)

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Under the Peperweik Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yeard OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Pocket Number Effective December 8, 2004 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR · (Column 1) SMALL ENTITY (Column 2) NUMBER FILED NUMBER EXTRA FEE (1) FOR RATE (1) RATE (\$) FEE (\$) BASIC FEE NA NA 150.00 NA 300.00 (37 CFR 1.16(a), (b), or (c)) SEARCH FEE N/A · N/A - NVA \$250 N/A \$500 (37 CFR 1 16(14), (1), or (m)) **EXAMINATION FEE** N/A NIA N/A \$100 NIA \$200 (37 CFR 1.16(d, (p), or (d)) TOTAL CLAIMS X\$ 25 X\$50 minus 20 = OR (37 CFR 1.16(1)) INDEPENDENT CLAIMS X100 X200 minus 3 (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(a)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +180= +360= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) "If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI--ADDI-RATE (\$) **EXTRA** PREVIOUSLY **AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (\$) ũ Total profe takin Minus X\$ 25 X\$50 OR Independent Minus X100 X200 \* OR Application Size Fee (37 CFR 1.16(s)) +180= +360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR TOTAL TOTAL OR ADO'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (\$) ADDI-EXTRA AFTER PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (\$) Ш Total Minus. X\$ 25 . ENDMI 437 CFR 1.10() X\$50 OR Independent D7 CFR 1,180.0 Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +360= +180= OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE . If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Peid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 97 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completely including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1460.